

DIFFICULTIES WITH PENETRATION OR PAINFUL SEX?

for women and
their partners



“Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

Definition of sexual health, World Health Organisation

SAFER SEX

Using condoms for penetrative sex is the best way to protect yourself and your partners from Sexually Transmitted Infections, including HIV. Condoms also offer good protection from unwanted pregnancy. In the text of this booklet, we have chosen not to refer constantly to the use of condoms. Instead, we encourage you to make your own decisions about protecting yourself and others in each instance of sexual activity you undertake.

DIFFICULTIES WITH PENETRATION OR PAINFUL SEX?

Feeling any sort of pain or discomfort during penetration can have a negative effect on your enjoyment of sex. Sex ought to be an enjoyable and happy experience for both partners, and if you are experiencing pain, or are anxious about the possibility of feeling pain, you are probably not going to be able to relax and enjoy yourself.

Feeling pain during penetration is fairly common, but it is not something you should endure.

This booklet is for women who want to understand and resolve any difficulties they have with pain during penetrative vaginal sex. It includes information about steps you can take to prevent pain happening as well as some sex therapy exercises that you can do alone or with a partner.

There are a variety of reasons why women may experience this kind of pain. It could be the result of a physical problem that may require medical treatment (for example fibroids, irritable bowel syndrome or sexually transmitted infections).

Sometimes pain can be caused by sensitivity to condoms, or irritation from the use of products such

as soaps or vaginal deodorants. Changing your bathing habits or the products or condoms that you use can solve this problem.

It is important to visit your GP to rule out any medical causes of pain before you try any of the exercises in the second part of this booklet.

WHAT DOES IT FEEL LIKE?

Pain during sex can feel like a burning sensation, an itching, a stinging or a sharp, dull or intense pain during or after intercourse. You might even feel pain when your partner touches your vulva (external genitals) before penetration.

The level of pain women feel can range from mild to severe. Sometimes, penetration can feel impossible, and repeated unsuccessful attempts can leave you feeling frightened and frustrated. It is unsurprising that having these kinds of experiences can result in women wanting to avoid sex altogether.

As well as finding penetration during sex difficult, some women may also experience difficulty with gynaecological examinations or with using tampons (or may feel afraid to try).

WHAT CAN I DO ABOUT IT?

If your pain has a medical cause, it can be treated by your doctor. This could mean, for example, taking antifungal medication for a yeast infection, or antibiotics for a urinary tract infection or undergoing other investigations or treatments.

The vagina's production of natural lubricant can be affected by a range of factors (e.g. the menopause and certain medications). If your vagina feels dry, you can try to make sex more comfortable by getting more turned on before you try penetration, and/or by using a lubricant (lube), which you can buy at any chemist or sex shop. Many women find that lube makes intimate touching more pleasurable.

When pain is felt only on deep penetration, it may be helpful to avoid certain positions, for example being penetrated from behind (when penetration may be deeper and may involve contact with the cervix). If you suspect this is the cause of pain for you, you may wish to try the following positions to see if they are more comfortable:

- being on top, where you can control the depth of penetration;

- being on your back and raising your legs high; or
- being on your back with your legs together (usually the woman must have her legs apart for her partner to enter, then she puts her legs together, with her partner's legs on the outside of hers).

WHAT ELSE CAN CAUSE PAIN?

There is a complex interaction between our brains and our genitals, which happens via messages sent up and down the spinal column, and which starts the body's natural sexual arousal response. If we are experiencing touch as pleasurable, or the thoughts that we are having are sexual and positive, this leads to changes in the body which make sexual touch and penetration comfortable and pleasurable. In order to understand how pain can happen, it is useful to know exactly what happens to your body when you are turned on.

The physical changes in a man as he becomes sexually aroused are easy to see, while in a woman, the physical changes mostly happen internally (but they're just as dramatic!). These changes are shown in the illustrations overleaf.

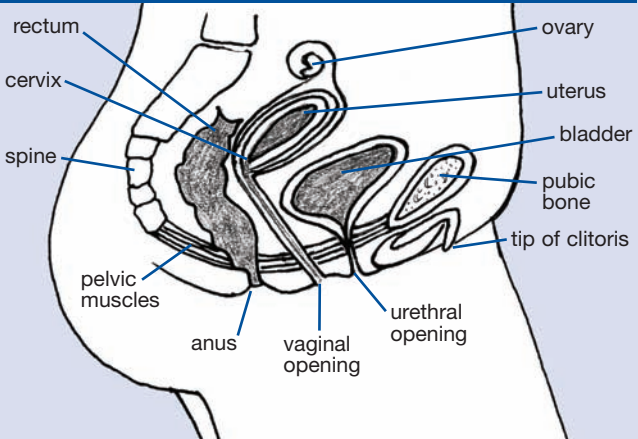
WHAT HAPPENS TO MY BODY WHEN I AM AROUSED?

When you are aroused, your heart rate and blood pressure increase and blood flows to your genitals. As a result, your breasts may enlarge and your nipples may become erect and more responsive to touch. Your clitoris becomes bigger and more sensitive to touch than usual, although you may not be able to see it under its hood. Your labia swell, and you may notice that you start to get wet as your vaginal walls produce lubrication.

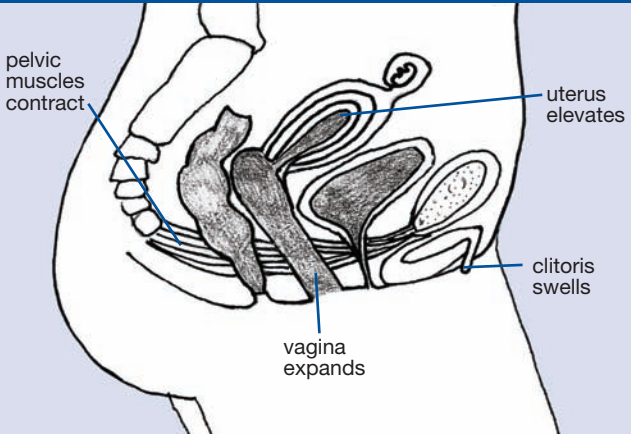
The vagina expands in size and the uterus lifts up, which acts to lengthen the vagina further. The muscles around your vagina may relax and/or contract. Other muscles in your body may also become slightly more tense. You may feel your heart beating faster, and you may start to breathe faster and deeper.

These physical changes prepare your body for sexual contact, and make sexual touch feel comfortable and enjoyable. It is important that you give your body time to react to sexual stimulation and to undergo these changes, so that you don't feel any discomfort during a sexual experience. It is also important that your sexual partners understand this, and that they respond to your feedback about how turned on you feel.

Internal view of female genitals before arousal



Internal view of female genitals during arousal



If you are not turned on enough, or if foreplay has not lasted long enough for these changes to take place, sexual touch or penetration may feel uncomfortable or even painful. This is a common cause of feeling pain on penetration.

IS ANXIETY PART OF THE PROBLEM?

As we have seen, in order to find penetrative sex comfortable and enjoyable, a woman needs to feel aroused before penetration begins. But when we are anxious or worried about something, our arousal response can't work properly. It may be interrupted or it may not happen at all.

This means that there may be less lubrication, the vagina may not relax or lengthen, and the uterus may not tilt to allow more room inside. Any or all of these things can contribute to a woman feeling pain on penetration.

There are many reasons why a woman may be anxious during sex. She may never have had penetrative sex before, and be worried about it hurting. Or she may have had unpleasant or unwanted sexual experiences in the past. Sometimes, women who have experienced pain previously, for a medical

or physical reason, continue to experience it after the cause has been resolved, because they have come to expect penetration to hurt. Their anxiety or worry about pain is stopping their arousal response from working properly.

In some cases, when we are expecting pain, our bodies (including the vaginal muscles) can become very tense, and this can lead to a tightening of the vaginal muscles (which is sometimes referred to as 'vaginismus').

Other, more general, worries (about your body, pregnancy, risk of sexually transmitted infections, things that are happening in other parts of your life or difficulties in your relationship) can also have an effect on your ability to relax and feel turned on and enjoy a sexual experience.

**“Anything worth doing
is worth doing slowly.”**

Mae West

HOW DOES THIS PAIN AFFECT MY SEX LIFE?

If left untreated, repeated experiences of sexual pain can set up a cycle in which fear of pain leads you to avoid sexual contact or to not become turned on enough, and then to not enjoying sex or having an orgasm and, finally, to loss of sexual desire.

Difficulties in your relationship or how you feel about yourself may then arise as a result — so it really is better to seek help sooner rather than later.

If you do experience any pain or discomfort during sex, don't be afraid to tell your partner, who has no way of knowing what you're feeling unless you tell them. And do visit your doctor — many women are too embarrassed or scared to do so, but there are many treatment options available and no reasons to put up with pain.

HOW CAN THIS BOOKLET HELP?

Some of the exercises that psychosexual counsellors or therapists use to help women overcome difficulties or pain on penetration are explained in this booklet. You can work your way through them at your own pace, either alone or with a partner.



EXERCISE *a few minutes a day*

KEGEL EXERCISES

These exercises can help prevent pain on penetration by making you more aware of the muscles around your vagina. The exercises strengthen the pelvic muscles that run from the front of the pelvis to the base of the spine like an 'elasticated hammock' underneath the pelvis (see the illustration on page 7).

The contractions of these muscles help produce the feelings at orgasm, but they are also involved in the spasms that, for some women, can make penetration painful or impossible.

Lack of exercise, pregnancy, being overweight or the menopause can contribute to a weakening of the pelvic muscles. Women who practise these exercises become more aware of whether they are relaxed or tense, and so are better able to ensure they are relaxed when penetration begins.

You can feel these muscles by contracting your anus, as though you're trying to hold back a bowel movement, or by stopping and starting the flow of urine when you're peeing. At first you might find you're contracting your stomach or thigh muscles as well, but with practice you can squeeze just the pelvic muscles.

Begin by squeezing and releasing these muscles fifteen times, a couple of times a day. You can do this without anyone noticing, e.g. while driving, watching TV, reading etc. Do the Kegel exercises every day, gradually increasing the number until you can do about 50. At this point, instead of releasing the muscles immediately, you can hold the contractions for a few seconds. You can do both the long and short Kegels a couple of times a day, or alternate between them.

Most people don't notice results until after about a month or six weeks, but if you practise them consistently you will feel the difference. To check the improvement in the strength of these muscles, you can insert two fingers into your vagina and feel the strength of the squeeze as you contract the muscles.





EXERCISES

PRACTISING PENETRATION

Sometimes penetration becomes so difficult that women stop attempting it altogether. It is possible to reintroduce it gradually, when you feel you are able, stage by stage and at your own pace. The following exercises are designed to help you overcome the association between penetration and pain (or worrying about pain) that you may have built up over time.

Using your fingers or vaginal dilators, you can learn to relax the muscles around the entrance and inside your vagina, and get used to having something inside. You can buy vaginal dilators on the internet (see the listings on page 28). They are designed specifically for inserting into the vagina, and can be very useful in the treatment of pain during penetration.

Vaginal dilators come in a set of different sizes that gradually increase in width and length. The smallest dilator is just a bit bigger than a finger and should be used first. Then you can move gradually up the sizes until the largest one, which is about the size of a penis, can be easily and comfortably inserted. Some women find the largest dilator too big, so it is not always necessary to use this.

Alternatively, if using your fingers, you would start with the smallest finger, or perhaps just the tip of it, before moving up to the whole little finger. Then you can work up to the largest, and then two or even three fingers. You can experiment and decide for yourself whether you find this easier to do when you put a condom over your fingers.

Whether you are using fingers or dilators, it is important to use plenty of lube, such as KY jelly, which you can get free from a GUM or contraceptive clinic, or buy from a chemist or a sex shop.

Try to practise penetration every day, starting with sessions about ten minutes long, and gradually increasing them. The more regularly you practise with the dilators, the more rapid your progress will be. Make sure you choose somewhere comfortable to practise — somewhere you know you won't be disturbed.

Start with the smallest dilator or finger and apply a generous amount of lubrication to it, to help it go in smoothly. It is important to make yourself relaxed and comfortable before trying to put it into your vagina. You might like to have a bath first to help you relax. Lie back comfortably on your bed, gently open the outer lips of your vulva and hold the dilator or finger to the entrance of your vagina. When you feel ready,

try gently pushing the dilator or finger inside, as far as you feel comfortable. Remember to keep hold of the handle if you are using a dilator.

If it feels uncomfortable or if it does not seem to go in, this is because your vaginal muscles have tightened up. They have learned to do this to protect you from pain and you need to learn to relax them. There is plenty of room inside your vagina for the largest dilator, a finger or a penis, and with time and practise your muscles will start to relax and allow the dilator or finger to go in.

It's important to try and be positive and confident as you push the dilator or finger in. Bear in mind that any pain or discomfort will soon go away once your muscles stop resisting it. If you have difficulty inserting it, you might like to try inserting it in the bath or in a different position, e.g. squatting or kneeling. Use the techniques you learnt in the Kegel exercises to relax the muscles in your pelvis, legs and buttocks before and during practice sessions, and breathe slowly to help you relax.

It may take several attempts before you are able to insert the dilator or finger all the way. Once you are able to do this, it is useful to gradually increase the amount of time you keep the dilator or finger inside

you before you take it out. The idea is to keep the dilator in until the feelings of anxiety have subsided. For some women, this may take up to 45 minutes. You may have to do this on several occasions before you are able to feel really comfortable and relaxed.

When you are ready, take out the dilator or finger, pushing it out with your muscles as you pull it out with your hand. Sometimes the muscles in your vagina may tighten around the dilator or finger and you may need to consciously relax your pelvic muscles again to get it out.

When you can insert the smallest dilator or finger with little or no discomfort, you are ready to move on to the next size up. Immediately after inserting the smaller size, try the next one up. When you are comfortable with that one, move on to the next size, gradually working your way up through the sizes to the largest one, over as many sessions as it takes. You might like to involve your partner, if you have one.

Once you can insert the dilator or finger on your own, you could ask your partner to insert the dilator or their fingers. We recommend that you spend time being close and intimate together, but that you do not attempt any other kind of penetration until you are able to insert the largest dilator or two/three fingers.



EXERCISE

MOVING ON TO PENETRATION BY A PARTNER

When you have worked through the exercise above and feel ready to move on, you may wish to try penetration by your partner's penis or strap-on dildo. If you can show your partner this leaflet or talk them through what you have been doing, it may help them to understand how they can be helpful in making this a successful experience for you.

The most important things for your partner to know are that you need to feel sufficiently turned on, so that the internal changes that take place to make sex feel comfortable have happened, and that they should take a lead from you about when you are ready for penetration, and by what (e.g. penis/finger). They should also go slowly and stop, slow down or withdraw if you ask them to.

USING TAMPONS OR HAVING PELVIC EXAMINATIONS

If you have had difficulties using tampons, it is possible to overcome them. Once you have been able to insert the first dilator or your finger comfortably, you could try inserting a mini tampon. You will probably find it easier to insert if you are in the squatting position. Using a tampon with an applicator might be easier, because the cardboard tube makes it smoother to insert.

Tampons are made of cotton wool and are very absorbent. Unless you are bleeding, a tampon may quickly absorb all the available wetness in your vagina, leaving the walls dry. This can make it uncomfortable to remove the tampon, as it won't glide out smoothly. For this reason, you should only try inserting a tampon while you are having a period.

When you have been able to insert dilator number 5, or two/three fingers, you might feel ready to arrange an internal examination or a smear test if you have been avoiding these. The speculum that is put into your vagina for a smear test is about the same size as dilator number 5.

FREQUENTLY ASKED QUESTIONS

- *How long will it take to overcome the pain?*

This will vary from individual to individual, and will depend partly on how much of a problem this has been for you and how much time and effort you dedicate to overcoming your problem. Working through the gradual penetration exercises will probably take from several weeks to a few months, although you may notice improvements sooner.

- *How effective is this way of tackling pain during sex?*

Evidence shows that most women find this approach very helpful and are satisfied with the outcome.

- *Is this likely to happen again in the future?*

This is very unlikely, but if it does you will know how to manage it.

- *Is it normal to experience pain the first time you have sex?*

Some women find their first experience of sex uncomfortable or painful. This usually gets better

with time and experience. Girls may hear stories as they are growing up about sex being painful, and unfortunately this can sometimes lead to painful experiences of sex — because when we are expecting pain we are less likely to get turned on (and not being turned on, as we have said before, can make penetration painful).

- *Can painful sex affect men as well as women?*

Although men can experience pain during sex, it is much more common in women.

- *If I have a partner, will they be involved in any treatment?*

If you want to try psychosexual therapy, it can be helpful to involve your partner, although this is entirely up to the two of you. You can involve your partner in any of the exercises in this leaflet.

We hope that you have found this leaflet useful. You might also find it helpful to read other booklets in this series — see the list on the back cover. You can pick them up from the leaflet racks at the clinic, or you can ask a clinician for them.

WHAT IF I STILL HAVE PROBLEMS?

If you have ruled out a medical cause and tried the suggestions in this booklet (trying different positions, using lubrication, making sure you're really turned on before you try penetration) and they haven't helped, seeing a psychosexual counsellor/therapist may help to alleviate the problem.

Psychosexual counselling has been shown to be successful in helping women where medical causes of pain have been excluded or resolved, but the fear of pain and penetration remains.

The counsellor/therapist will guide you through a treatment programme that you put into action at home, and which aims to teach you to overcome and eradicate the pain. Your appointments can include your partner if you wish it (if you have one), and they can help you with the exercises.

Approaches such as this can be very successful in reducing any feelings of anxiety you have and helping you to enjoy sex more.

Any of the organisations listed opposite will be able to help you access a psychosexual counsellor/therapist.

FINDING PSYCHOSEXUAL/RELATIONSHIP THERAPY:

For further information about the services we provide, including psychosexual therapy, STI testing and sexual health advice, visit www.londonSTItesting.nhs.uk

Relationship Counselling for London

www.counselling4london.com

020 8938 2431

RELATE

Psychosexual counselling for men and women of all sexualities www.relate.org.uk

British Association for Sexual and Relationship Therapy (BASRT)

Information and lists of individual and couple psychosexual therapists

<http://www.basrt.org.uk>

020 8543 2707

Society for the Advancement of Sexual Health

www.sashuk.org.uk

PACE

Sexual health and relationship counselling for lesbians and gay men www.pacehealth.org.uk

ADDRESSES & CONTACTS:

Vulval Pain Society

PO Box 7804 Nottingham, NG3 5ZQ

www.vulvalpainsociety.org

The National Vulvodynia Association

www.NVA.org

Sexual Dysfunction Association

Suite 301, Emblem House, London Bridge Hospital

27 Tooley Street, London SE1 2PR

www.impotence.org.uk

(for women as well as men and deals with a number of sexual issues, including vaginismus).

LITERATURE/SEX TOYS:

Sh!

(a sex shop run by women, for women)

57, Hoxton Square, Shoreditch, London N1 6HD

www.sh-womenstore.com

020 7613 5458

BUYING VAGINAL DILATORS:

Owen Mumford

Brook Hill, Woodstock, Oxford OX20 1TU

www.owenmumford.com/en/range/21/onielle-comfort.html

0199 812021

RECOMMENDED READING:

Overcoming Sexual Problems: A self-help guide using Cognitive Behavioural Techniques.

Vicki Ford, Constable and Robinson Publishing

A Woman's Guide to Overcoming Sexual Fear and Pain

Aurelie Jones Goodwin, New Harbinger Publications

The Whole Lesbian Sex Book

Felice Newman, Cleis Press

Becoming Orgasmic – A Sexual Growth Programme for Women

Julia Heiman, Leslie Lopicolo, Prentice Hall Press



This booklet has been written by the Clinical Psychology and Psychotherapy Team and edited, designed and illustrated by the Good Sexual Health Team. Both are part of Camden Provider Services.

For further information about the services we provide, visit www.londonSTItesting.nhs.uk

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for men and their partners

PROBLEMS CONTROLLING WHEN YOU COME?

for men and their partners

HOW TO INCREASE YOUR ENJOYMENT OF SEX

for men and their partners

HOW TO INCREASE YOUR ENJOYMENT OF SEX

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ANAL PLAY

for men and for women